ATTORNEY DOCKET NO. RTI-128R

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated bow next to my name;

I believe I am the original, first and sole inventor (if only one name MANNed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD OF PREPARING AND PROCESSING TRANSPLANT TISSUE

the specification of which is attached hereto unless the following box is checked:

() was filed on	as US Application Serial No	o. or PCT International Application PAPERED
Number	and was amended on	o. or PCT International Application (if applicable). ove-identified specification, including the claims, as amended by all information which is material to patentability as defined in 37
I hereby state that I have reviewe	d and understood the contents of the abo	ove-identified specification, including the claims, as amended by
any amendment(s) referred to abo	ve. I acknowledge the duty to disclose a	all information which is material to patentability as defined in 37
CFR 1.56.		

Foreign Application(s) and/or Claim of Foreign Priority

I hereby claim foreign priority benefits under Title 35, United States Code Section 119 of any foreign application(s) for patent or inventor(s) certificate listed below and have also identified below any foreign application for patent or inventor(s) certificate having a filing date before that of the application on which priority is claimed:

COUNTRY	APPLICATION NUMBER	DATE FILED	PRIORITY CLAIMED UNDER 35 U.S.C. 119
			YES: NO:
			YES: NO:

Provisional Application

I hereby claim the benefit under Title 35, United States Code Section 119(e) of any United States provisional application(s) listed below:

APPLICATION SERIAL NUMBER	FILING DATE
60/234,013	9/20/2000

U.S. Priority Claim

I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

APPLICATION SERIAL NUMBER	FILING DATE	STATUS(patented/pending/abandoned)

POWER OF ATTORNEY:

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) listed below to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Timothy H. Van Dyke, Reg. No. 43218

Send Correspondence to:	Direct Telephone Calls To:
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Van Dyke & Associates, P.A.	407-228-0328
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Orlando, Florida 32803	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by tine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Inventor: Jamie M. Grooms	Citizenship: USA	
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Post Office Address: 1 Innovation Drive, Alachua, Florida 32615		
Inventor's Signature	11/7/61	
Inventor's Signature	Date / .	

ATTORNEY DOCKET NO. RTI-128R **DECLARATION AND POWER OF ATTORNE** FOR PATENT APPLICATION (continued) Citizenship: USA Full Name of Inventor: C. Randal Mills Residence: Alachua, Florida Post Office Address: 1 Innovation Drive, Alachua, Florida 32615 Date Inventor's Signature Citizenship: _ Full Name of Inventor: ____ Residence: ____ Post Office Address: ___ Date - Inventor's Signature Full Name of Inventor: Citizenship: Residence: ___ Post Office Address: _____ Date Inventor's Signature Full Name of Inventor: Citizenship: ____ Residence: ___ Post Office Address: Date Inventor's Signature Full Name of Inventor: Citizenship: Residence: Post Office Address: Date Inventor's Signature Citizenship: Full Name of Inventor: Residence: __ Post Office Address:

Inventor's Signature

Date